Michigan Department of State Out-of-State Resident Duplicate Driver License Application

Applicant Instructions

Please complete all sections below and sign your name on the signature line at the bottom of this application.

Michigan Driver License Number	Data	of Birth
LICENSE TYPE (Operators/Chauffeur/Enhanced):	Bate	OT BIRTH
NAME (First, Middle, Last)		
STREET ADDRESS (Michigan Residence)		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	FAX NUMBER	
Applicant's Out of State Mailing Address	1 ()	
Applicant's Out-of-State Mailing Address NAME (FIRST, MIDDLE, LAST)		
STREET ADDRESS (OUT-OF-STATE MAILING ADDRESS)		
CITY	STATE	ZIP CODE
TEMPORARY NEEDED (Check one) - A hard copy of your driver after processing. A temporary permit provides you with something		
YES	NO	
FEES DUE: Check one.		
 ☐ Operator - \$9.00 ☐ Chauffeur - \$18.00 ☐ Enhanced - \$38.00 		
PAYMENT METHOD: Check one.		
Check or Money Order payable to the State of Mi Michigan Department of State Out-of-State Resident Services Unit 7064 Crowner Drive Lansing, MI 48918	chigan: Mail with com	pleted application to:
☐ Credit Card: You may fax this completed applica ☐ VISA ☐ MasterCard ☐ Discover	tion to: 517-322-5438	or mail to the address above.
Name on Credit Card (Please Print)		
Credit Card Number:///	:	Expiration Date:/
My signature below certifies that all statements on this resident of the State of Michigan. If paying by credit of Department of State to charge my account for the dup FALSE REPRESENTATION ON AN APPLICATION FOR	ard, my signature be licate driver license i	low authorizes the Michigan fee. IT IS A CRIME TO MAKE A
X		1 1
XSignature of Applicant/Card Holder		